FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1998

1. Name of Limited Partnership



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1a. DOCUMENT # **A9600001668**

6ECRETARY OF STATE DIVISION OF CORPORATIONS

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Mailing Address 37839 COUNTY ROAD 54 ZEPHYRHILLS FL 33541	Principal Office Address 37839 COUNTY ROAD 54 ZEPHYRHILLS FL 33541		3. Date Formed or Registered 08/28/1996 38. Date of Last Report 04/04/1997	5a. Capital Contributions as Shown on record. \$25,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	to date:
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			331 Applied For
City & State	City & State	City & State		Not Applicable \$8.75 Additional
Žip Country	Zip	Country	7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Co	urrent Registered Agent		10. If changed, new Registere	d Agent/Office
GOSS, JAMES C 37839 COUNTY ROAD 54 ZEPHYRHILLS FL 33541 10a. Pursuent to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above		Name Street Address (P.O. Box Number is Not Acceptage 6/04/9801097021		
for the purpose of changing its registered offi agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	ice or registered agent, or both, in the State of gations of section 620 192, Florida Statutes.	Florida. Such change	o was authorized by its general partner(s). I her DATE PARTNERSHIP OR OTHE	eby accept the appointment of registered
11. Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	15 1	11b. City, State & Zip Code	11c. Registration/ Document Number
CENTRAL EQUITIES, INC.	37839 COUNTY ROAL	1	ZEPHYRHILLS FL 33541	P96000057619
1			申 宋申非]	057
Note: General partners MAY N	IOT be changed on this fo	rm; an amen	dment must be filed to ch	ange a general partner.
12. Ho hereby certify that the information supplied Corporations from any liability of non-compliance				

this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

empowered to execute his report as required by chapter 620, Florida Statutes.

SIGNATURE _